

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		A AFTER 1st AMENDMENT		B AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2						
3						
4						
5						
6						
7						
8	1		1			
9		1		1		
10	1		1		1	
11		1		1		1
12		1		1		1
13	1		1			
14	1		1			
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39	1		1			
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45						1
46						1
47						
48						
49						
50						
TOTAL IND.	12		12		2	
TOTAL DEP.	32		32		12	
TOTAL	44		44		14	
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TOTAL IND.						
TOTAL DEP.						
TOTAL						